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UNITED NATIONS POPULATION FUND

Draft country programme document for Tunisia

Proposed indicative UNFPA assistance:	$5 million: $2.5 million from regular resources and $2.5 million through co-financing modalities and/or other resources, including regular resources
Programme period:	five years (2015-2019)
Cycle of assistance:	Ninth
Category per decision 2013/31:	Pink

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other	Total
Outcome 1	Sexual and reproductive health	1.00	0.37	1.37
Outcome 3	Gender equality and women's empowerment	0.65	1.45	2.10
Outcome 4	Population dynamics	0.60	0.67	1.27
	Programme coordination and assistance	0.25	-	0.25
	Total	2.50	2.50	5.00

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I. Situation analysis

1. Tunisia is undergoing a political transformation initiated in late 2010 by young people, which culminated in January 2011 with the overthrow of the previous government. The election of a Constituent Assembly in October 2011 was followed by political polarization, violence and unrest. This has slowed the transition process, weakened the capacity of national institutions and delayed the implementation of a national development plan that would address structural imbalances and sub-national disparities. The newly adopted constitution offers real prospects for progress on human rights, including sexual and reproductive health, decentralization and strengthening local governance.

2. In 2013, national institute of statistics data shows that the population of Tunisia was 10.8 million, with one third under the age of 25 and 9 per cent over the age of 60. Twenty-eight per cent of the population is aged 15 to 29. The country has reached the last stage of the demographic transition with a total fertility rate of 2.15 children per woman and an annual growth rate of 1.2 per cent.

3. Tunisia is composed of six regions: North East, North West, Central East, Central West, South East and South West. Two thirds of Tunisians live in urban areas. About 15 per cent of the population lives in poverty, with significant disparities among subregions. The southern and western subregions have poverty rates of 18 to 32 percent, respectively, whereas the northern and eastern subregions have 10 per cent each. The illiteracy rate remains high where one in four women and one in ten men are illiterate. The unemployment rate is about 16 per cent, and reaches almost 40 per cent among those aged 15 to 29, affecting particularly female university graduates (43.5 per cent).

4. Public health care is provided through a network of approximately 2,000 health centres, 120 rural maternity and district hospitals and 34 regional hospitals. The National Health Insurance Fund covers up to 85 per cent of the population. A 'societal dialogue' was initiated in 2013 with all stakeholders to engage in health sector reforms. The goal is to improve the performance and responsiveness of the system through an equity perspective.

5. The adoption and the implementation of nationwide family planning programmes contributed to the decline of fertility and the increase of life expectancy at birth. The national contraceptive prevalence rate is 62.5 per cent. The unmet need for contraception reaches 7 per cent, with considerable disparities among regions and age groups. This rate is around 12 per cent in the Central Western and Central Eastern regions. The unmet need is the highest among young women aged 20 to 24 (16 per cent) and 25 to 29 (12 per cent).

6. The maternal mortality ratio fell from 75 deaths per 100,000 live births in 1990 to 45 in 2008. As such, Tunisia faces the challenge of reducing the maternal mortality ratio to 19 per 100,000 to achieve Millennium Development Goal (MDG) 5. The challenge is compounded as a result of regional disparities, since the maternal mortality ratio is higher in the North West (67), South East (57) and Central West (56). Lack of coordination among stakeholders, in addition to the absence of consensus on priority reproductive health services, contributes to subnational disparities in coverage and access to

services, at all levels of the health-care system. There is also uneven distribution and insufficient integration of sexual and reproductive health services and information, including for youth, in the health-care system. Only 10 per cent of primary health-care centres offer a set of essential reproductive health services in the North West, South East, and Central West, while the continuum of services is ensured in the North and Central East regions. The National Health Insurance Fund does not cover all the components of reproductive health and rights and the list of essential services of sexual and reproductive health calls for revision.

7. Tunisia will conduct a population census in 2014, and will use the data to support evidence-based public policies tailored to the priority needs of the population.

8. Approximately 48 per cent of women aged 18 to 64 have undergone at least one form of violence in their lives. Legal provisions in favour of women's rights exist, but there is a need to develop specific legislation addressing violence against women. The Government has adopted a national strategy to prevent and respond to violence against women but has not yet operationalized it, which results in a lack of services at the regional level and deficiencies in multi-sectoral coordination, information and referral systems and quality of services.

II. Past cooperation and lessons learned

9. The evaluation of the eighth country programme, 2007-2014, noted the relevance of UNFPA efforts to integrate population, reproductive health rights and gender equality aspects in reforms. In this respect, UNFPA is acknowledged as an actor capable of providing quality technical support and of playing a coordination role on issues pertaining to its mandate

10. The evaluation cited the following achievements and challenges: (a) extended reproductive health components, although efforts in this area will not be successful unless consensus is reached at the political level on an affordable essential primary health care package, including with the private sector; (b) efforts to reflect on ways to guarantee universal coverage of reproductive health services, in particular for young people and women, in order to reduce inequities and realize reproductive rights; (c) building the capacity of programme managers in sexual and reproductive health in four regions to ensure better regional planning and to improve the quality of services, although the lack of political decision-making for genuine regionalization planning had limited the reduction of regional disparities; (d) support to the development of a national strategy to address violence against women, and advocate for its adoption; (e) support to civil society in several areas, including fostering the civic engagement of youth, addressing violence against women, incorporating sexual and reproductive health and reproductive rights and advocating for the full implementation of the Action Plan of the International Conference for Population and Development (ICPD) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), although the advocacy did not achieve the expected results due to the non-participation of strategic actors, such as faith-based organizations, parliamentarians, men and boys and due to the lack of identification of main targeted beneficiaries; (f) support to the humanitarian interventions in sexual and reproductive health and reproductive rights and gender-based violence in the context of the Libyan crisis; and (g) dissemination of the human rights based approach and results-based management within institutions and civil

society organizations working in the area of reproductive health and rights.

11. The evaluation recommends that UNFPA country office: (a) target its advocacy actions with greater focus on the most influential actors so that sexual and reproductive health and reproductive rights, gender equality and population dynamics issues are integrated within policy reforms and so that reproductive health services targeting women and youth in the most underprivileged areas are provided; (b) contribute to strengthening the integration of sexual and reproductive health services supplies at the primary health-care level, especially for universal health coverage, by adopting and costing an essential package of services; (c) continue to support political reforms through advocacy among decision-makers, using evidence and analysis disaggregated data by age, sex and social categories to better address sexual and reproductive health and reproductive rights, mainly for youth and women; (d) advocate for the provision of high quality reproductive health services respectful of human rights, including those targeting youth and women survivors/victims of violence; (e) foster the reinforcement of coordination and strengthen national leadership and ownership in integrating ICPD beyond 2014 principles in national priorities and linking them to the post-2015 development agenda.

III. Proposed programme

12. UNFPA and the Government developed the proposed programme in consultation with a wide spectrum of partners. It is aligned with national development priorities, the United Nations Development Assistance Framework (UNDAF), 2015-2019, the UNFPA strategic plan, 2014-2017, and business model directions for upper middle income countries. The programme adopts a rights-based approach, and results-based management principles.

13. Addressing the findings and recommendations of the evaluation, the programme will concentrate on: (a) supporting advocacy and policy dialogue to promote sexual and reproductive health, reproductive rights and access to services for women and young people, especially the most vulnerable; (b) promoting, developing and integrating at the primary health-care level an essential package of sexual and reproductive health services; (c) supporting data collection and analysis to inform policies in the area of population dynamics and their links with sexual and reproductive health and reproductive rights; and (d) strengthening knowledge management and institutional capacities to address gaps emanating from the political transition.

14. The key beneficiaries of the programme will be women and young people, particularly those with the greatest needs. UNFPA will address humanitarian preparedness and response throughout the programme. The programme will be implemented in North, Central, South West and South East regions of Tunisia.

Outcome 1: Sexual and reproductive health

15. Output 1. Supported policy dialogue to develop and integrate an essential package of quality sexual and reproductive health services for women and young people in targeted areas. UNFPA will work to achieve this output by supporting advocacy efforts and providing technical assistance to policy makers in order to: (a) establish a national committee and develop a system to coordinate, monitor and evaluate the national action plan on sexual and reproductive health; (b) assess the unmet needs for sexual and reproductive health of women and young people in the targeted areas; (c) support local initiatives that address the needs of the most vulnerable women and youth; (d) integrate the minimum initial services package, including for gender-based violence prevention and response, into national level contingency planning to meet the sexual and reproductive health needs of women and youth affected by emergencies; and (e)

strengthen the gender-based violence multi-sectoral coordination and referral system.

Outcome 3: Gender equality and women's empowerment

16. Output 1. Strengthened capacities of national policy makers and civil society organizations, to advance reproductive rights and promote gender equality. UNFPA will work to achieve this output by providing technical support to: (a) develop monitoring tools to report on international human rights obligations and recommendations; (b) develop capacity of civil society organizations and policy makers, including parliamentarians, in advocacy, monitoring, tracking and reporting on the implementation of the Convention on the Elimination of all forms of Discrimination against Women and the Universal Periodical Review recommendations; and (c) engage men and boys in promoting reproductive rights and gender equality.

Outcome 4: Population dynamics

17. Output 1. Evidence-based advocacy conducted to inform national policies in the areas of population dynamics, sexual and reproductive health and reproductive rights, HIV, adolescents and youth and gender equality. To achieve this output, UNFPA will: (a) provide technical and policy advice to collect, analyse, disseminate and promote utilization of high quality data, including census and surveys, on population dynamics, gender equality, sexual and reproductive health and reproductive rights; (b) support networks of partners, such as research institutions and universities, to conduct analytical studies on the links between population dynamics, gender equality, sexual and reproductive health and reproductive rights; and (c) use the analysed data for evidence-based advocacy.

IV. Programme management, monitoring and evaluation

18. The programme steering committee consisting of the Ministry of Foreign Affairs, the government coordinating ministry with the United Nations, programme implementing partners and UNFPA will monitor the implementation of the programme.

19. In accordance with the quadrennial comprehensive policy review of operational activities for development of the United Nations system (General Assembly resolution 67/226), UNFPA will apply viable execution modalities, with emphasis on national execution. Moreover, UNFPA will promote and increase joint programming with other United Nations organizations and South-South cooperation in the area of sexual and reproductive health and gender equality.

20. UNFPA and its partners will carry out regular environmental scans, conduct risk assessments, adopt mitigation measures and develop contingency plans, as required. In the event of crisis or emergency, UNFPA may, in consultation with national counterparts, reprogramme activities towards emergency response interventions.

21. As in previous cycles, UNFPA will negotiate a co-funding agreement with the Government for the five year programme cycle, 2015-2019. In addition, UNFPA will develop a resource mobilization plan to engage traditional and non-traditional donors.

22. The country office includes staff funded through UNFPA regular resources, who perform programme management and quality assurance functions, in addition to those funded by other resources. UNFPA will allocate programme resources for staff assigned to provide technical support.

23. UNFPA will recruit a national programme coordination officer to strengthen the capacity of the country office so that it can play a more

strategic role in the management and implementation of this ninth country programme, 2015-2019, in the context of the complex, challenging transition through which the county is currently going.

RESULTS AND RESOURCES FRAMEWORK FOR TUNISIA

National priorities: (a) To ensure social progress and equal opportunities and to enhance social protection; (b) To improve the health status of the population, the quality and relevance of education, the conditions of women and of youth
UNDAF outcome: The State provides social services in health, education and protection, of higher quality and accessible to vulnerable groups.
Outcome indicators: (a) Number of structures ensuring the implementation of quality standards; (b) Pourcentage of population having acess to health coverage system (c) Existence of strategies for improving the quality of social services based on predefined quality standards.

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Outcome 1. Sexual and reproductive health services (Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access) Outcome indicators: -Proportion of demand for contraception satisfied Baseline: 62% Target: 70%	Output 1: Supported policy dialogue to develop and integrate an essential package of quality sexual and reproductive health services for women and young people in targeted areas	Output indicators: • Integrated essential package of sexual and reproductive health adopted by the Government is costed Baseline: No; Target: Yes • Number of centres that provide the adopted essential package of sexual and reproductive health in the targeted areas Baseline: 0; Target: 48	Ministry of Health; Ministry of Higher Education, Ministry of Scientific Research and Information and Communication Technology; Ministry of Social Affairs; Ministry of Youth, Sport, Women and Family; Ministry of the Interior; Ministry of Infrastructure, Country Planning and Sustainable Development; Parliament; United Nations system civil society; the media; social partners; targeted governorates.	$1.375 million ($1.00 million from regular budget and $0.375 million from other sources)

National priorities: (a) To ensure social progress and equal opportunities and to enhance social protection; (b) To improve the health status of the population, the quality and relevance of education, the conditions of women and of the youth
UNDAF outcome: Vulnerable groups with special needs enjoy social and legal protection in compliance with the commitments of Tunisia to international conventions and treaties related to human rights and gender equality
Outcome indicators: (a) Regional and local information systems, generating disaggregated data on vulnerable groups with specific needs, implemented; (b) Existence of a transparent mechanism in favour of vulnerable groups with special needs using information systems; (c) Existence of legal texts defining minimum services for each vulnerable category in accordance with the commitments of Tunisia in relation to human rights and gender equality, (d) Implementation ratio of recommendations stemming from international committee reports

Outcome 3. Gender equality and empowerment (Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth)	Output 1: Strengthened capacities of national policy makers and civil society organizations to advance reproductive rights and promote gender equality	Output indicators: • A functional system to monitor progress and reporting on the implementation of the recommendations of international instruments on human rights, including reproductive rights Baseline: No Target: Yes	Ministry of Foreign Affairs; Ministry of Youth, Sport, Women and Family; Ministry of Development and International Cooperation; Ministry of Justice; Ministry of the Interior	$2.10 million ($0.65 million from regular budget and $1.45 million from other sources)

Outcome indicator: •Action taken on 75% of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle. Baseline: no; Target: yes		• Number of governmental and non-governmental organizations trained to monitor the implementation of Universal Periodical Review recommendations Baseline: 0; Target: 5 • Number of advocacy initiatives undertaken by civil society and parliamentarian networks for the dissemination and promotion of reproductive rights and gender equality Baseline: 0; Target: 3	Parliament Non-governmental organizations active in the area of women and human rights; United Nations and other international organizations	Total for programme assistance and coordination: $0.250 million
National priorities: (a) To ensure social progress and equal opportunities and to enhance social protection; (b) To improve the health status of the population, the quality and relevance of education, the conditions of women and of the youth **UNDAF outcome:** Public authorities prepare, monitor and evaluate evidence-based and equity-based social reforms, in a participatory way. **Outcome indicators**: (a) Number of evidence-based health, education and social protection strategies developed in a participatory manner; (b) Number of new or upgraded monitoring and evaluation systems developed with the participation of beneficiaries in the areas of health, education and social protection; (c) Number of social programs evaluated independently, in terms of equity.				
UNFPA strategic plan outcome	**Country programme outputs**	**Output indicators, baselines and targets**	**Partners**	**Indicative resources**
Outcome 4. Population dynamics (Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality) Outcome indicators: •One census of good quality was processed, analysed and disseminated following internationally agreed recommendations (during the last 10 years) Baseline no; Target yes •Number of evaluations on strategic interventions around sexual and reproductive health and adolescent and youth Baseline 0; Target:1	Output 1: Evidence-based advocacy conducted to inform national policies in the areas of population dynamics, sexual and reproductive health and reproductive rights, HIV, adolescents and youth and gender equality	Output indicators: • Number of analytical studies on population dynamics and access to sexual and reproductive health disseminated Baseline: 3; Target: 7 • Number of UNFPA-supported policy briefs presented to policy makers and opinion leaders Baseline: 0; Target: 4 • Number of evaluations on strategic interventions around sexual and reproductive health and adolescent and youth Baseline:0; Target:1	National Institute of Statistics Ministry of Public Health; Ministry of Social Affairs; Ministry of Youth, Sport, Women and Family; Ministry of Infrastructure, Country Planning and Sustainable Development Non-governmental organizations, particularly those active in women and youth areas; United Nations organizations; bilateral cooperation agencies; universities and research centres	$1.275 million ($0.60 million from regular budget and $0.675 million from other sources)